

Event Room Application

Group Name: _____ Date: _____

Contact person: _____

Address: _____ Phone: _____

_____ Email: _____

Room Needs and Attendance Information:

Date room requested: _____

Thirty minutes before and after the meeting is allowed for set-up and take-down.

Start time: _____ End time: _____

Estimated # of attendees: _____

Provide a brief description of your event/program: _____

If requesting to serve food and/or beverage (**alcohol is prohibited**), provide a description here (*pending staff approval*): _____

By signing below, I agree to the Meeting Room Policy and I accept responsibility for the group's use of the Genoa Public Library Event Room. In addition, I understand that from time to time additional requirements governing the use of library facilities including meeting spaces may be permanently or temporarily enacted. Applicants for use of meeting spaces will be provided with specifics of these additional requirements as necessary. When possible, this will be at the time of application. Occasionally, notification will take place after approval of the application. In all cases, library policies in place at the time of the use of meeting spaces will be the governing rules.

Signed

Date

LIBRARY USE ONLY:

Director's Signature & Date